

Foster Family Home - Corrective Action Report

Provider ID: 1-100103

Home Name: Rasela Mataia, CNA

Review ID: 1-100103-12

96-239 Waiawa Road, Apt. D

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/6/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/6/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 5/21/2020 and renewed on 4/1/2021; CG#3's APS/CAN lapsed on 3/16/2021 and no current renewal; CG#4's APS/CAN lapsed on 9/12/2020 Ecrim lapsed on 5/1/2021 and no current renewal; HHM#3's Ecrim lapsed on 4/25/2021 and no current renewal present in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present in the CCFFH binder for CG#2, CG#3, CG#4, HHM#3, and HHM#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 5/4/2020 and no current renewal present in the CCFFH binder.

41.(b)(8)- CPR and Basic First Aid training lapsed on 4/1/2021 for CG#3 and no current renewal present in the CCFFH binder.

41.(g)- No Basic Skills Competency present for CG#3 on Client #2.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation present for CG#3 on [REDACTED] on Client #2.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- One medication's dosage for Client #2 did not match the MD order and the Medication Administration Record. CG#1 had been administering the wrong medication dosage [REDACTED] on January 1, 2021-April 30, 2021 (as reported to CTA by CG#1 during CCFFH inspection).

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface/rubber mat in clients' bathroom tub/shower.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(b)- No signature of CG#1/caregivers for each dated entries from 3/14/18 thru 4/18/2020 of Client #1's written progress/observation notes.

54.(c)(2)- No signature of POA/Client on Client #2's Service Plan dated 1/18/2021.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Last Medication Administration Record(MAR) was April 2021; none present for the month of May 2021.

Client #2- Last MAR was April 2021 and none for May 2021. There were 2 medications label did not match the MD orders and MAR.

54.(c)(6)- No Daily Care Flowsheet present for Client #1 and Client #2 for the month of May 2021.

54.(c)(8)- No completed Personal Inventory Checklist for Client #1.

Maribel Nakamine, RN 5/6/2021

Compliance Manager

Date

Renee [Signature]

5/6/2021

Primary Care Giver

Date